

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10599015

FILING DATE

9-18-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		12		1		
14		12		1		
15		12		1		
16		12		1		
17		12		1		
18		12		1		
19		12		1		
20		12		1		
21		12		1		
22		12		1		
23		12		1		
24		12		1		
25		12		1		
26		12		1		
27		12		1		
28		12		1		
29		12		1		
30		12		1		
31		12		1		
32		12		1		
33	1		1			
34	1		1			
35	1		1			
36		3		1		
37		3		1		
38		3		1		
39		3		1		
40		3		1		
41		3		1		
42		3		1		
43		3		1		
44		3		1		
45		3		1		
46		3		1		
47		3		1		
48		3		1		
49		3		1		
50				1		
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	293	←		←		←
TOTAL CLAIMS	297					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
64				1		
65				1		
66				1		
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77				1		
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	73	←		←
TOTAL CLAIMS			77			